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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>142</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>676</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Ramsey</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>X</u>	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>Oct 14 1923</u> Month Day Year	
8. FATHER Full name <u>Abner Ramsey</u>		14. MOTHER Full maiden name <u>Samona Mendez</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>any</u>		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>any</u>	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>40</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>4</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b></p> <p>I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>10 P</u> m. on the date above stated. (Born alive or stillborn.)</p> <p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</p> <p>Signature <u>William B. Brainerd</u> (Physician or midwife) Address <u>Miami</u></p> <p>Given name added from <u>Oct 14 1923</u> Filed <u>Oct 31 1923</u> a supplemental report Month, day, year. Filed <u>11-6 1923</u></p> <p align="center">Registrar. <u>C. E. J.</u> Local Registrar. <u>B. J. J.</u> County Registrar.</p>			

099-1014-249